

CHAPTER 4 – INDIVIDUALIZED EDUCATION PROGRAM

4.0 STANDARD: Adapted physical education services may be provided to children three to five years of age, based on the child's individual needs.

Legal Reference: Adapted physical education is part of special education (34 C.F.R. sec.300.26(b)(2)) and, as such, applies to preschoolers.

The basic federal requirement for special education is very clear and applies to all preschool age children as well (34 C.F.R. 300.307)

State law requires that the present level of educational performance for a preschool age child, as appropriate, include how the disability affects the child's participation in appropriate activities. The continuum of program options shall include, but not necessarily be limited to designated instruction and services. (Sections 56345 and 56361(c)).

Discussion: Children three to five years of age may require additional services to meet their developmental needs. The present level of performance on the IEP includes, for a preschool child, how the disability affects the child's participation in appropriate activities. ("Appropriate activities" is the federal term that is often used in lieu of general education curriculum.) Adapted physical education services may be an appropriate designated instruction and service to meet the child's motor development, recreational/ leisure, fitness and social needs to assist the child in participating in all aspects of the curricular program.

The Adapted Physical Education Specialist is part of the transdisciplinary team for children 3 to 5 years of age. The factors to consider when appropriate support services are being planned include the child's developmental level and need areas related to the specific disability. If it is determined by the IEP team that adapted physical education services are required, either direct adapted physical education instruction, collaborative consultation with the teacher or parent or a combination of the two can be provided. (Refer to the Physical Education Service Delivery Model in Chapter 3 for additional information regarding the continuum of services.) The adapted physical education service may be provided in a variety of settings including: community settings, the home, special education preschool programs, and other public or private settings such as a Head Start program.

Some preschool children with a disability will need to have the motor aspects of the preschool curriculum adapted in order to access and be successful in that curriculum. Adapted physical education specialists possess many skills for adapting the motor curriculum and motor instruction. Therefore, adapted physical education should be one of the designated instruction and services considered when determining how to meet a preschool child's motor needs.

Best Practice: In the initial assessment, it will be important to remember that schools are required to assess in all areas of suspected disability. This could include motor development, motor skills, play skills and age appropriate levels of strength and endurance. The teacher, occupational therapist, physical therapist, adapted physical education specialist or any

combination of these professionals could conduct the motor assessment. (The reader is referred to Chapter 5, for more information on occupational and physical therapy and the roles of these therapists. Another resource is, *Guidelines for Occupational Therapy and Physical Therapy in California Public Schools*, which is published by the California Department of Education.)

The benefits of early education are among the findings of the legislature related to legal requirements for children between the ages of three and five years, inclusive. The specific benefits of early education are listed in Section 56441. Since much of the learning that occurs during early childhood involves movement, play, and experiential learning, it is particularly important to address motor needs at the preschool level. Young children with a disability often need to be taught the skills that other preschool children acquire incidentally, through participation in enriched and stimulating activities and environments. The adapted physical education specialist has skills and knowledge in the teaching of developmental motor skills. (See appendix L, Adapted Physical Education Specialist Credential Standards, for additional information.) Children, who are adequately supported in motor development, will not only reach their potential in motor learning, but will possess a supportive tool for learning in other areas.

In most cases, collaborative consultation to assist in embedding motor skills into the child's daily activities will be best practice, whether or not direct adapted physical education instruction is provided. This is consistent with play-based learning, education in natural environments, and the developmental model, which are foundational components of many preschool programs. Furthermore, California law sets forth a responsibility for early education program staff to consult with other professionals including regular preschool program providers, other specialists, assessment services and direct services (Sec. 56441.6)

Adapted physical education programming should be consistent with the educational philosophy and preschool curriculum model in which the child participates. The following are some examples of adapted physical education service delivery that are appropriate for the educational setting of a preschool child with a disability:

- A child with a disability is enrolled in a general education preschool program, and receives adapted physical education services. At least some of the adapted physical education instruction is conducted with the child's peers, on the playground and/or during regular, gross motor play times. In addition, it is coordinated with the theme-based curriculum of the classroom. Collaborative consultation with the preschool teacher is included. Depending on need, the child may also receive individual or small group instruction from the adapted physical education specialist.
- A preschool aged child with a disability, who receives adapted physical education, is cared for at home by her parents. The parent brings the child to the motor lab at the local elementary school, for adapted physical education instruction once a week. The adapted physical education specialist demonstrates activities, which the parent repeats several times during the week, during regular activities. The parent provides information on the child's progress and behavior in all areas. (This is an example of collaborative consultation with the parent, which is consistent with legal guidelines for "interacting and consulting with family members ...to demonstrate developmentally appropriate activities to implement the child's IEP..." Sec. 56441.3.)

- A preschool child with a disability is enrolled in a special day class. The adapted physical education specialist conducts lessons for the whole class twice a week and at least one session is team-taught with the special day class teacher. Activities for the classroom staff to teach for the rest of the week are provided. The child also receives occupational therapy services. The adapted physical education specialist and occupational therapist have a regularly scheduled telephone call each month to share information and coordinate their services to the child. (This is an example of collaborative consultation with several members of the transdisciplinary team.)
- A preschool child with a disability is enrolled in a special day class and receives speech and language therapy and adapted physical education services, twice a week each. One of those sessions is team taught by the special day class teacher, speech language pathologist, and adapted physical education specialist. (This is another example of collaborative consultation with several members of the multidisciplinary team.)

<p>4.1 STANDARD: A combination of physical education program options can be used to meet the physical education requirement.</p>

Legal Reference: State law requires *that all students (with or without a disability) receive a minimum number of minutes of physical education instruction every ten days. For elementary school students the minimum is 200 minutes and for secondary students the minimum is 400 minutes. In rare cases, when there is a valid reason that a student with a disability cannot meet the minimum number of minutes of physical education, that should be determined by the IEP team and indicated on the IEP. (34 CFR sec. 300.307; sec. 51222, 51241, 51246, 51210(g).)*

Discussion: Providing a combination of service delivery options in both general and special education instruction requires communication, cooperation, and collaboration among the professionals and fosters continuity in the child's instructional program. It is recommended that: (a) the general classroom teacher, general physical education teacher, or special day class teacher be aware of the goal(s) stated on the IEP, and reinforce skills taught by the adapted physical education specialist; (b) the adapted physical education specialist, be aware of the general physical education curriculum, and assist with provision of accommodations and modifications; (c) administrators be supportive of creative approaches to collaborative consultation; (d) the IEP team indicate on the IEP how coordination would occur between school personnel.

Best Practice: An example of an IEP team assigning an individual with a disability to a combination of physical education programs could be a combination of adapted physical education and general physical education. An elementary aged student might receive two sessions per week in adapted physical education, working on IEP goals and objectives, and for the remainder of the 200 minutes of physical education instruction s/he might attend specially designed or general physical education, taught by the classroom teacher. Occasional periods of team teaching are sometimes required when a combination of physical education program options are assigned for a student with a disability.

4.2 STANDARD: A statement of the child's present level of motor performance must be included on the IEP for student receiving adapted physical education.

Legal Reference: *Individualized education program means a written statement for each child with a disability that is developed, reviewed, and revised in accordance with this section and that includes a statement of the child's present level of educational performance, including how the child's disability affects the child's involvement and progress in the general curriculum; or for preschool children, as appropriate, how the disability affects the child's participation in appropriate activities. (20 U.S.C. sec. 1414(d)(1)(A); 34 CFR sec. 300.347.)*

The California Education Code identifies the components of the individual education program (IEP).

56345.(a) *The individualized education program is a written statement determined in a meeting of the individualized education program team and shall include, but not limited to, all of the following:*

- (1) The present levels of the pupil's educational performance, including the following:*
 - (A) For a schoolage child, how the pupil's disability affects the pupil's involvement and progress in the general curriculum.*
 - (B) For a preschoolage child, as appropriate, how the disability affects the child's participation in appropriate activities.*

Discussion: The child's present level of educational performance is often reported for different skill categories on the IEP. The location of the present level of performance varies as each SELPA creates its own IEP forms. Frequently, there is a statement of this type with each goal. In addition IEPs may have a separate section for more general information about present levels of educational performance that is subdivided into categories (e.g., academic, social emotional, psychomotor, self-help, etc.).

Adapted physical education specialists who are part of an IEP team, may participate in writing present levels of performance in physical education. The Adapted Physical Education specialist should be prepared to address all of the physical education areas which are pertinent to the student and should also be prepared to contribute to the present level statement for any other area that effects physical education. For example, the Adapted Physical Education specialist may have had the greatest opportunity to view the child's social behaviors in games and outdoor activities, and therefore may make an important contribution to the present levels of performance in the area of social skills.

Best Practice: When attending the IEP meeting, the Adapted Physical Education specialist should come prepared with statements regarding the student's present levels of educational performance. The specialist should listen carefully to present levels of performance stated by other IEP team members and participate proactively in discussions aimed at building consensus among all team members. Although the Adapted Physical Education specialist should come to the IEP meeting with suggested goals and objectives, s/he may need to adjust the proposed goals and objectives based upon the strengths and needs of the student as described in the present levels of educational performance for related areas.

The IEP should also address the unique needs of the child that arise out of his or her disability and must be addressed in order for the child to progress in the general education curriculum.

Note: All statutory citations apply to the California Education Code unless otherwise stated.

4.3 STANDARD: The final determination of the eligibility is made by the IEP team for a student who has been referred to special education.

Legal Reference: *The decision as to whether or not the assessment results demonstrate the degree the pupil's impairment requires special education shall be made by the IEP team. (5 CCR sec. 3030.)*

Discussion: The authority of the IEP team to make decisions has been established in federal law. Since DIS services (including Adapted Physical Education) are special education services, DIS IEP members contribute to the determination as to whether a child has a disability through the interpretation of the assessment findings.

Best Practice: All members of the IEP team should carry out their assessment responsibilities and should come to the IEP meeting prepared to report their findings. Adapted Physical Education specialists may be extremely helpful when identifying children whose disabilities fall under the categories of other health impaired and orthopedic impairment.

4.4 STANDARD: Goals and objectives should reflect the child's disability along with accommodations and adjustments that will enable the child to be involved and progress in the general physical education curriculum.

Legal Reference: The new emphasis on participation in the general education curriculum under the reauthorization of IDEA, 1997, was not intended by the committee to result in major expansions on the size of the IEP with dozens of pages of detailed goals and benchmarks or objectives for every curriculum standard. The new focus is intended to produce attention to the accommodations and adjustments necessary for disabled children to access the general education curriculum and the special services, which may be necessary for appropriate participation in particular areas of the curriculum due to the nature of the disability. (20 U.S.C. sec. 1414(d).)

Discussion: The intent of the new legislation is not for a teacher to write goals and benchmarks for every skill that needs to be attained. Rather, the legislative intent is for the teacher to identify priority goals that are reflective of the most important skills needed to enable the child to be involved and to progress in the general education curriculum. This intent also applies to children who are not participating in a general education program.

Best Practice: When writing goals and objectives/benchmarks, select the most appropriate skills as goals. The attainment of these goals should enable the child to participate with peers. Consider age-appropriate skills and skills that will transition to other lifetime activities as these are likely to contribute to progress in the general education program. For example, some skills that may be needed to meet physical education benchmarks and standards in primary grades (e.g., skipping or walking on a balance beam), are not necessary to meet the physical education standards at the high school level. Standards at the high school level stress lifelong physical activity and fitness.

4.5 STANDARD: Goals and objectives address the child's unique needs related to the disability.

Legal Reference: IDEA requires that annual goals included in a child's IEP relate to meeting the child's needs, that result from the child's disability, so that the child can be involved in and progress in the general education curriculum. This language should not be construed to be a basis for excluding a child, with a disability, who is unable to learn at the same level or rate as non-disabled children in an inclusive classroom or program. It is intended to require that the IEP's annual goals focus on how the child's needs, resulting from his or her disability, can be addressed so that the child can participate, individually, at an appropriate level in the general curriculum offered to all students. (20 U.S.C. sec. 1414(d).)

The California Education Code, sec. 56345 states, in part:

(2) The measurable annual goals, including benchmarks or short-term objectives related to the following:

Meeting the pupil's needs that result from the pupil's disability to enable the pupil to be involved in and progress in the general curriculum.

(b) Meeting each of the pupil's other educational needs that result from the pupil's disability.

Discussion: Some children have disabilities that are severe. To identify general physical education skills for same age peers as goals for these children may be inappropriate. Some of these children need to attain basic body control for the functional skills of sitting, standing and walking. These skills, commonly referred to as motor milestones, are used daily by most individuals.

Best Practice: Consider the disability, needs and educational setting of the child when determining appropriate goals. Consider identifying functional movement skills, which will enhance interaction and participation at school, as goals for those who have more severe disabilities.

Being able to walk around campus and sit in the cafeteria are both functional and appropriate skills for a student. An Adapted Physical Education specialist must use good judgement when choosing goals. To think that it is appropriate to write a goal for running the 30-yard dash, when the student needs to attain independent walking, would be an over-interpretation of the intent of the law.

4.6 STANDARD: Each goal will be written as a measurable annual goal with supporting benchmarks or short-term objectives.

Legal Reference: IDEA requires that a child's IEP include a statement of measurable annual goals, including benchmarks, or short-term objectives. (20 U.S.C. sec. 1414(d).)

The California Education Code, sec. 56345 (a) states, in part:

(2) The measurable annual goals, including benchmarks or short-term objectives related to the following:

Meeting the pupil's needs that result from the pupil's disability to enable the pupil to be involved in and progress in the general curriculum.

(B) Meeting each of the pupil's other educational needs that result from the pupil's disability.

Discussion: The current trend in education reform is a shift away from the use of "short-term objectives" and toward the use of "benchmarks." Both the federal and state laws quoted above, uses "benchmark" and "short term objectives" interchangeably. The federal law goes on to state that the purposes of measurable goals, including benchmarks, or short-term objectives are to assist with accountability and to allow parents to be able to monitor their child's progress.

When writing an IEP, a measurable annual goal needs to be accompanied by sequential, short-term objectives or benchmarks that describe performances that indicate the student is making progress toward the goal. The short-term objective or benchmark should include a projected date of mastery and clear measurable description of the performance. (Sec. 56345(a).)

This represents a shift in thinking about short-term objectives and benchmarks. Prior to reauthorization of IDEA '97, short-term objectives were often written as components of the goal, with the same annual projected mastery date as the goal. Currently, benchmarks or short-term objectives are written with sequential dates of projected mastery. (Sec. 56345(a).)

Best Practice: The important thing to remember is that the goal must be measurable. To improve in locomotor skills or to improve in eye-hand coordination is difficult to measure due to the inherent subjectivity and number of skills which can be considered to be locomotor or eye-hand coordination skills.

It is recommended that each local education agency (LEA) have IEP requirements for staff to follow. Some will require that each goal have specific criteria (e.g. 4/5 times) identified so that progress toward the goal can be measured by anyone. Other LEAs will indicate that if the goal addresses only one behavior or skill, and if the current level of performance clearly indicates the frequency at which the student performs the skill, then it is acceptable to state that the student will improve in the skill.

The Adapted Physical Education specialist ensures that each benchmark or short-term instructional objective leads to the measurable annual goal. (Sec. 56345(a).) The goal could be that the student will participate in a modified soccer game with verbal prompts. The supporting benchmarks or short-term objectives could then be any of the skills (dribbling, passing, receiving, shooting, etc.) and knowledge of rules needed to play the modified game. On the other hand, a goal could be skill-specific such as a student will walk down 4 stairs, alternating foot placement, without support on 2 of 2 trials. Three examples of possible supporting benchmarks and short-term objectives are:

- will walk down stairs, alternating foot placement, with support, on 2 of 2 trials
- will walk down 2 steps, alternating foot placement without support and with direct verbal prompts on 2 of 2 trials
- will walk down 4 steps, alternating foot placement without support on 1 of 2 trials

For additional examples refer to chapter 10, Curriculum and Instruction and Grade Level Guidelines, Appendix F.

It is advised that all measurable annual goals and benchmarks or short-term objectives have projected dates of accomplishment. The goal date is usually set for one year from the IEP. Often, the benchmarks or short-term objective dates match the general education reporting periods.

4.7 STANDARD: Progress toward IEP Adapted Physical Education goals and benchmarks will be reported to parents during required school reporting periods.
--

Legal Reference: *The IEP includes: A statement of how the pupils parents will be regularly informed, at least as often as parents of non disabled pupils progress in the following:*

- A. *The pupils progress toward the annual goals described in paragraph (2)*
- B. *The extent to which that progress is sufficient to enable the pupil to achieve the goals by the end of the year. (Sec. 56345.)*

The California Education Code, sec. 56345(a) also states, in part:

(2) The measurable annual goals, including benchmarks or short-term objectives related to the following:

- (A) Meeting the pupil's needs that result from the pupil's disability to enable the pupil to be involved in and progress in the general curriculum.*
- (B) Meeting each of the pupil's other educational needs that result from the pupil's disability.*

Discussion: Children with disabilities must receive written progress reports which indicate the progress they are making toward the attainment of goals and supporting benchmarks and short-term objectives at least as often as their non-disabled peers receive report cards. (Sec. 56345(a)(9)(10).) General education teachers send progress reports as well as report cards home to parents. Each LEA has an established schedule and the Adapted Physical Education specialist is advised to adhere to it as should the other special educators.

Best Practice: Ongoing assessment of student progress is part of good teaching. It is best for Adapted Physical Education specialists to periodically record student progress. The Adapted Physical Education specialist must plan effectively as the recording of progress can be time consuming. Often a LEA has developed an IEP goal and objective form that permits the recording of progress. The Adapted Physical Education specialist needs to follow local policies and procedures.

4.8 STANDARD: The IEP must stipulate how much time the child spends in each of the various physical education programs.
--

Legal Reference: *Designated instruction and services, when needed as determined by the individualized education program (IEP) shall include the frequency, duration and location of services. (Sec. 56345(a)(6).)*

Discussion: The IEP must indicate not only the type or types of physical education programs in which the child participates, but the frequency and duration of any adapted physical education services. Recently, requirements for stating the location in which DIS services will be provided have emerged, such as on campus and/or in the community.

Best Practice: The Adapted Physical Education specialist who is part of an IEP team should ensure that the type or types of physical education program and the frequency, duration, and location of any adapted physical education service are contained in the IEP.

4.9 STANDARD: A child will continue to receive Adapted Physical Education until the IEP team determines services are no longer needed.

Legal Reference: *The state is required to have a plan that includes procedures for analyzing the exit criterion for special education programs.* (Sec. 56600.5(1).)

Discussion: When a student demonstrates that he/she can successfully participate in the general physical education program without significant adaptations, the IEP team will generally come to a consensus decision to exit the student from adapted physical education. General education accommodations and support for the teacher or student will need to be listed on the IEP. This will facilitate a smooth and successful transition into general education. Students may be exited from adapted physical education when they demonstrate they have met their general physical education requirements. A student may choose to participate in adapted physical education as an elective

Best Practice: The student may still benefit from participation in adapted physical education, it therefore continues to be the responsibility of the IEP team to determine the needs of the student, including the preference of the student. A student who continues to demonstrate a need, even after completing course requirements, may continue to participate in the adapted physical education program.

TRIENNIAL ASSESSMENT

4.10 STANDARD: A triennial assessment is conducted at least once every three years but may not require additional testing.

Legal Reference: The evaluation team may dispense with additional tests to determine the child's continued eligibility if the team concludes this information is not needed. These tests must be conducted if the parents so request.

- (1) may not require a formal assessment if the disability has not changed within the last three years.
- (2) The triennial assessment should focus on the child's present level of performance (via teacher observation, criterion reference tests, etc.), including how the child's disability affects the child's involvement and progress in the general physical education program. (20 U.S.C. sec. 1414(c)(1)(2)(4); 34 CFR sec. 300.533.)

A reassessment of the pupil ...shall be conducted at least once every three years or more frequently if conditions warrant a reassessment, or if the pupil's parent or teacher requests a reassessment and a new individualized education program is to be developed. (Sec. 56381(a).)

Discussion: One of the most significant changes in IDEA relates to how the evaluation process should be viewed. For example, over the years, the required 3-year re-evaluation has become a paperwork-intensive process, driven as much by concern for compliance with the letter of the law, as by the need for additional evaluation information about a child. If there is no need to collect additional information about a child's continuing eligibility for special education, any necessary evaluation activities should focus on collecting information about how to teach and assist the child in the way he or she is most capable of learning. (Sec. 56381(a).)

Thus, the statute requires that existing evaluation data on a child be reviewed to determine if any other data are needed to make decisions about a child's eligibility and services. If it is determined by the IEP team and other qualified professionals that additional data are not needed, the parents must be notified of the determination that no additional tests, assessments or data is needed, the reasons for it, and of the parent's right to still request an evaluation. No further evaluations will be required at that time unless requested by the parents. (Sec. 56381(a).)

At times, the nature of the disability is such that within the past three years there has been no change. When this occurs, the nature of the assessment needs to focus on the student's present level of performance and not on re-establishing the existence of the disability for the purpose of eligibility. Parents must give permission to waive the three-year evaluation. (Sec. 56381(d).)

Best Practice: The nature of some disabilities are such that they do not change. A student with a neuromuscular disorder who uses a wheelchair may make some gains in body control and mobility but the condition will remain the same. To restate developmental information that there are delays/difficulties, as the child cannot walk independently, run, and skip, due to the disability would be obvious. To administer a formal, standardized assessment, which evaluates locomotor skills, just to come up with a low percentile score, would be meaningless. The nature of the assessment must match the projected needs of the student. If a formal, standardized assessment matches the needs, such a modified fitness assessment, the use is justified. Often for a triennial for students with these types of disabilities, the Adapted Physical Education specialist only needs to identify the student's current level of performance for the purpose of developing an appropriate IEP.